

P21000086256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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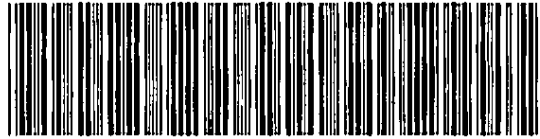
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: ESTRAVIL PAVEMENT CO.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: ESTRAVIL AUGUSTIN
Name (Printed or typed)

617 NW 90th ST
Address

MIAMI, FL 33150
City, State & Zip

954-214-5945
Daytime Telephone number

ESTRAVILPAVEMENTCO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ESTRAVIL PAVEMENT CO

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
617 NW 90TH ST MIAMI FL
33150

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Paving, striping, seal coating.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO ESTRAYIL AUGUSTIN C.F.O. Name and Title: _____

Address 1111 NW 200TH TER Address: _____
MIAMI, FL 33169

Name and Title: STEVE ALEXIS C.O.O Name and Title: _____

Address 1700 NW 83RD TER Address: _____
MIAMI, FL 33147

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: ESTRAVIL AUGUSTIN
Address: 617 NW 90TH ST
MIAMI, FL, 33150

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ESTRAVIL AUGUSTIN
Address: 617 NW 90TH ST
MIAMI, FL, 33150

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x Estravil Augustin
Required Signature/Registered Agent

09/15/2021
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x Estravil Augustin
Required Signature/Incorporator

Date 09/15/2021